

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City

Registration District No. 393  
Primary Registration District No. 1002  
6235 Brookside Road (No.         )

1162  
File No.           
Registered No. 200  
St.          Ward         

2. FULL NAME Eva Whillans

(a) Residence, No. 6235 Brookside Road St. 8 Ward           
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>W.T. Whillans</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec. 26, 1872</b>		
7. AGE YEARS <b>59</b>	MONTHS <b>0</b>	DAYS <b>20</b>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>none</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>235</b>	
	10. Date deceased last worked at this occupation (month and year) <b>        </b>	
11. Total time (years) spent in this occupation <b>        </b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Neb.</b>		
FATHER	13. NAME <b>Unknown</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
MOTHER	15. MAIDEN NAME <b>Unknown</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown</b>	
17. INFORMANT <b>W. J. Whillans</b> (ADDRESS) <b>6235 Brookside</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Maple Hill Union</b> DATE <b>1/19/32</b>		
19. UNDERTAKER <b>R.V. LINDSEY &amp; SONS</b> (ADDRESS) <b>3811 Broadway</b>		
20. FILED <b>Jan 18</b> 19 <b>32</b> <b>M. M. Crowe</b> <b>ass't Registrar.</b>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 16**, 19 **32**

22. I HEREBY CERTIFY That I attended deceased from , 19 , to , 19 .  
I last saw h.  alive on , 19 . Death is said to have occurred on the date stated above, at  m.  
The principal cause of death and related causes of importance were as follows:  
**Adherent Pericarditis**  
**905**  
**90**  
Other contributory causes of importance:

23. Name of operation  Date of   
What test confirmed diagnosis  Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?  Date of injury , 19 .  
Where did injury occur?  (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury   
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify   
(Signed) **Stanley M. Baker**, M. D.  
(Address)

